

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-004750

AMENDED

FILED FEB 7 1962

Primary Registration District No. 1003

Registrar's No. 1276

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Louis City HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
635 E. Athlone AvenueReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Oscar

Julius

Williams

4. DATE OF DEATH

Month

Day

Year

January 27 1962

5. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4-5-18859. AGE (last birthday)
76IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, or if retired)

Guard (retired)

10b. KIND OF BUSINESS OR INDUSTRY

General Cable Co

11. BIRTHPLACE (City and state or country)

Rutland, Vermont

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Harry O. Williams

13b. MOTHER'S MAIDEN NAME

Mary Thompson

14. NAME OF HUSBAND OR WIFE

Mabel Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mabel Williams, 635 E. Athlone Ave

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized arteriosclerosis and atherosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

10 yrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Intermittent Hypertension

15 yrs

DUE TO (c)

594x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Feb 1948

to Jan 27-62

and last saw him alive on Jan 27-1962

Death occurred at

5 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John R. Thomas M.D.

22b. ADDRESS

8034 N. Broadway

22c. DATE SIGNED

1/29/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Jan. 30, 1962

23c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cemetery

23d. LOCATION (City, town, or country)

St. Louis, Missouri

24. FUNERAL DIRECTOR

Math Hermann & Son, Inc., 2161 E. Fair Av
St. Louis, 7, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

JAN 30 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

11-5721-80-201

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. G. Beasley
Licensed Embalmer No. 4202

P. O. Address H. Jones

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.